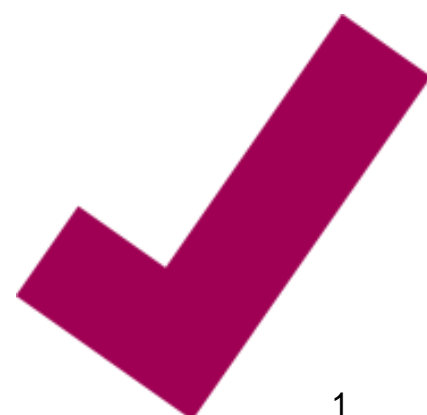


Guidance for using Wheelchair Currency



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Equality and Health Inequalities Statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

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1 Policy statement

This document provides supplementary guidance to the '2017/18 National Tariff Payment System' for providers and commissioners wishing to implement the wheelchair currency model. In particular, this document:

- Defines what is included in each currency: and
- Provides guidance on implementing payment locally using the currencies through establishing appropriate data flows and contracting and invoicing arrangements.

We believe this will help improve the commissioning and provision of wheelchair services through

- Establishing data collections that identify levels of activity and need
- Providing information to commissioners to better understand wheelchair services and the needs of service users

Using the currency model will allow commissioners to move away from block contracts. The development of a currency and tariff model for wheelchair services is intended to support better commissioning by increasing transparency, improving efficiency and better aligning resources to service user needs.

2 Introduction

Wheelchairs provide a significant gateway to independence, well-being and quality of life for thousands of adults and children. They play a substantial role in facilitating social inclusion and improving life chances through work, education and activities that many people who do not need wheelchairs take for granted

Wheelchairs enable many people to live fuller lives, yet the wheelchairs services provided by the NHS can fall short of meeting the needs of wheelchair users. In an attempt to redress that, NHS England is working with to improve the way in which it supports all wheelchair users.

For people with complex, long term conditions, being able to access the right wheelchair, quickly, and with appropriate support, is of paramount importance:

- There are currently around 1.2 million wheelchair users in the UK. Two thirds of them are regular users.
- Many wheelchair users face delays in getting their chair – 70% waiting more than three months, 30% face a delay of more than six months with 15% waiting more than 12 months.
- Up to half of all people who use a wheelchair will develop a pressure ulcer at some point during their life caused, in part, by ill-fitting or ill-equipped chairs. The cost of treating the worst cases of a pressure ulcer can be as much as 16 times a total hip replacement.

Before he retired, Sir David Nicholson made it a personal pledge at two national summits to improve that way that the wheelchairs are commissioned and provided. Since then some practical steps have been started to meet this pledge. These include:

- Developing a new national tariff
- Establishing a new dataset
- Supporting commissioners

This document supports delivery of the first of these steps.

3 Wheelchair currency pilot

North East London Commissioning Support Unit was engaged by NHS England to work with sites in 2015/16 to test the validity of a set of proposed currencies for wheelchair services which were developed by Deloitte for the Department of Health. The currencies cover three bundles of activity: assessment and review, provision of equipment, and repair and maintenance.

The findings from the project were encouraging in confirming the currency structure. We have therefore decided to publish the currencies and make them available for

use. We know that we may need to refine them in the future. We may need to add additional currencies to accommodate those highly specialised wheelchairs which were formerly commissioned directly by NHS England, but which during the course of the project moved to local commissioning. However, we believe that the basic currency structure will be useful for commissioners and providers.

4 Currencies and Definitions

The currencies are based on a number of components. They are categorised by service user needs and wheelchair type within an episode of care. These cover assessment and review, provision of equipment, and repair and maintenance. The data definitions and examples of each category are explained in appendix one.

In summary, the breakdown for each currency is:

4.1 Assessment currencies

Assessment is the process of determining which type of wheelchair and accessories a service user requires after being referred to a wheelchair service. The currency categories are:

- Low need
- Medium need
- High need (manual and powered)
- Review

Local prices will be based on clinician time to perform the assessment, but in the case of review will include the cost of accessories.

4.2 Equipment currencies

The equipment currencies are based on the delivery of a complete “equipment package” of the wheelchair, together with necessary cushions, seating systems, belts or harnesses, modifications and accessories.

- Low need
- Medium need
- High need (manual and powered)

Where users are deemed to have a higher level of need on any element of the equipment package the provider would be reimbursed at that higher level of provision for the equipment package as a whole. For example, a basic chair with an enhanced pressure-relieving cushion would be costed at the medium level of complexity.

The provision of substantive additional accessories following delivery of the chair, e.g. replacement seat back, or upgrades to cushions forms part of the review assessment currency.

Local prices should be agreed on the basis of average costs for each of the currencies, for appropriate:

- a) Chair;
- b) Cushioning;
- c) Accessories;
- d) Occupational therapy technician or rehabilitation engineering time to perform modifications to the chair and fitting of accessories; and
- e) Clinical time associated with checking of modifications and handover of equipment.

4.3 Repair and Maintenance

The relative complexity of manual and powered chairs, cost base for parts, and the annual service or planned preventative maintenance required, result in different repair and maintenance currencies for each type of equipment:

- Manual
- Powered

The currencies include:

- a) Parts and labour for repair of wheelchairs;
- b) Delivery or collection of chairs to or from users;
- c) Costs associated with scrapping chairs at the end of their useful lifecycle; and
- d) Annual planned preventative maintenance for power chair users.

The table in Appendix one gives clear definitions for each category which will help organisations to allocate activity against the currencies.

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5 The currency model and how it can support local payment

The currency testing process involved NHS England in two phases of collecting and analysing a detailed set of data from a range of volunteer wheelchair providers. In analysing that data we were seeking to test whether the proposed currencies were helpful in categorising the different aspects of wheelchair services provided to service users, whether it was easy to allocate activities to each currency, and whether there were distinctions between the associated average costs of each of the currencies. Only four providers were able to share their costing information with us, which is too small a sample for us to develop a benchmark price. However, this sample did confirm cost differences between the currencies.

Use of the currencies is not mandatory, but we think they can provide a useful tool for local use for both providers and commissioners.

6 Datasets

There is currently no national clinical dataset which collects information about the activity of wheelchair services. However NHS England is now collecting data from commissioners on a quarterly basis about wheelchair services and delivery of the wheelchair pathway.¹ The purpose of this collection is to improve outcomes for wheelchair users, and for benchmarking and improving commissioning.

The currency model we are publishing is compatible with the information that commissioners are collecting from providers and submitting to NHS England, but at a slightly more granular level. Over time it will make sense to embed the wheelchair currencies into a national dataset and we are looking at options for how this could be done.

In using the currency model providers will need to collect and present information consistently and routinely about the people that use their services, and the aspects of the services they require. . Much of the data that a provider organisation will need to collect should link to clinical activity that is already recorded. Appendix 3- provides a data collection template that can be used.

When we tested the currencies we wanted to share best practice amongst the pilot sites. This was especially important for some providers as data collection was a new process. To support providers, a data collection process step-by-step guide was developed by Whizz-Kids, and subsequently shared with all members of the pilot group. Whizz-Kids have kindly agreed that this can be shared with the sector as a whole. The step-by-step guide to data collection can be found at Appendix 2.

¹ <http://www.hscic.gov.uk/media/18251/2097382015isn/pdf/2097382015isn.pdf>

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7 Future currency development for wheelchairs

NHS England intends to work with both providers and commissioners to further strengthen and refine the currency categories, and to develop the currency model if required to include more specialised wheelchairs. We are also working with NHS Improvement to try and improve the quality of reference costs that are submitted for wheelchair services. We are strengthening the reference cost guidance for the 2016/17 collection.

8 Personal Wheelchair Budgets

Personal wheelchair budgets are also being introduced. NHS England will produce guidance on the delivery model through rapid testing and evaluation with a number of CCG clusters over 2016/17. This work will cover care planning, information support and advice, budget setting (and review, in time for rollout from April 2017. Learning from the development of the Wheelchair currency model will be used, where appropriate, to support budget setting.

It is anticipated that replacing the existing voucher scheme with personal wheelchair budgets will support:

- A shift in control to individuals and their families over the wheelchair provided
- Greater transparency about funding and what that should include
- An opportunity to explore how the provision of wheelchairs can be joined with other care and support as part of a holistic person centred care and support plan and integrated budget.
- A stronger framework for person centred care and support planning
- A person centred care and support plan which includes repair, maintenance and review.

For more information please email england.personalhealthbudgets@nhs.net

9 Supporting Documents

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There are a number of other documents which readers may find helpful. The first provides additional information on the development, scope and implementation of the wheelchair currency mode:

- Wheelchair Currency Pilot Paper-A published a report setting out the findings from work undertaken by pilot sites to test a currency model for wheelchair services <https://www.england.nhs.uk/wp-content/uploads/2016/07/rep-deve-wheelchair-tariffs.pdf>
- Improving Wheelchair Service: Top tips for commissioners <http://www.bradfordcityccg.nhs.uk/seecmsfile/?id=947>
- A Charter on Transforming the quality and effectiveness of wheelchair services across England <http://www.rightwheelchair.org.uk/index.php/areas-of-work/the-charter>
- NHS England is introducing a new national wheelchair dataset <https://www.england.nhs.uk/wp-content/uploads/2016/09/wheelchair-op-data-q1-2016.xlsx>
- Personal Health Budgets- <http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/mobility-equipment-wheelchairs-scooters.aspx>
- Guidance for NHS Commissioners on Equality and Health Inequalities Duties <https://www.england.nhs.uk/about/gov/equality-hub/legal-duties/>

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Appendix 1 Wheelchair currency categories

Categorisation and Definition			
Unit	Activity	Definition	Examples
Per of Care Episode	Low Need - Assessment	Limited need allocation of clinical time. Majority of the activity was expected to fall in this category	Occasional users of wheelchair with relatively simple needs that can be readily met. Do not have postural or special seating needs. Physical condition is stable, or not expected to change significantly. Assessment does not typically require specialist staff (generally self-assessment or telephone triage supported by health / social care professional or technician). Limited (or no) requirement for continued follow up / review.
	Medium Need - Assessment	Higher allocation of clinical time including the use of more specialist time	Daily users of wheelchair, or use for significant periods most days. Have some postural or seating needs. Physical condition may be expected to change (e.g. weight gain / loss; some degenerative conditions) Comprehensive, holistic assessment by skilled assessor required. Regular follow up / review.
	High Need - Manual - Assessment	This currency involves a higher allocation of clinical time than the medium currency. This also	Permanent users who are fully dependent on their wheelchair for all mobility needs. Physical condition may be expected to change / degenerate over time.

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	High Need - Powered - Assessment	includes the use of a higher and more specialist skillset of staff.	Very active users, requiring ultra-lightweight equipment to maintain high level of independence. Initial assessment for all children. Comprehensive, holistic assessment by skilled assessor required. Regular follow up / review with frequent adjustment required / expected.
Per Chair Issued	Low Need - Equipment	A basic wheelchair package which includes a standard cushion and one accessory and modification	Equipment Requirements - Basic wheelchair (self or attendant-propelled) / standard cushion / up to 1x accessory / up to 1x modification.
	Medium Need – Equipment	A higher allocation of equipment and modifications	Equipment requirements - Configurable, lightweight or modular wheelchair (self-or attendant propelled) / low to medium pressure relieving cushions / basic buggies / up to 2x accessories / up to 2x modifications.
	High Need - Manual – Equipment	More Complex and customised	Equipment requirements - Complex manual or powered equipment, including tilt in space chairs, fixed frame chairs,
	High Need -Powered – Equipment		Seating systems on different chassis / high pressure relieving cushions / specialist buggies / multiple accessories / multiple and / or complex modifications / needs are met by customised equipment.
Per Registered	All Needs - Manual - Repair and Maintenance	The tariff has assumed that services will be outsourced to a third party	The unit cost for each chair can be calculated using the total R&M budget against activity for the period. In calculating the average R&M unit cost per chair, please use a

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User Per Year	All Needs - Powered - Repair and Maintenance	provider and taken as a reasonable proxy for efficient provider prices	combination of low, medium and high needs categorisation. This only applies to the manual wheelchairs.
Per Review	All Needs - Review	This involves the review of a patient.	This could be planned or via an emergency route when there is a change to a patients' condition or equipment. A review which results in the patient being provided with additional equipment or modification will incur a separate charge.
Per Item	All Needs - Review substantial	A review followed by a modification/new accessory or resulting in a completely new follow-up assessment if a new wheelchair is required.	All Needs - Review substantial accessory (a review of existing equipment issued to the service user followed by a minor modification / onward referral to R&M / new accessory (cushion or seat backs). If (as arising from the review) a complete new assessment or new wheelchair is required this will be recorded in the assessment and equipment pathways as a new episode of care.
Per Review	Specialised Complex Wheelchair Services	More complex and customised	Specialist suppliers who are performing the specialist modifications Cost per chair not per modification
	Equipment, Specialist Modification Without Supply	This involves a review of the patient	A higher allocation of equipment and modifications Seating systems on different chassis / high pressure relieving cushions / specialist buggies / multiple accessories / multiple and / or complex modifications / needs are met by customised equipment/ personalised adjustment. Wheelchair not supplied.

Choose an item.

Appendix Two – Tariff Data Collection process

Whizz-Kidz tariff data collection process

1.0. Introduction

- 1.1. The steps listed are those that Whizz-Kidz takes to collect and aggregate the tariff cost of service delivery data. Completed episodes for medium need for April 2015 are used as an example.
- 1.2. The VBA steps used are set up specifically to work within Whizz-Kidz folder structure. For any other organisation they would need to be altered to reflect that organisation's folder structure.

2.0. Step-by-step guide

- 2.1. Paper version data collection sheets are clipped to paper version beneficiary case file and sections are filled out by relevant staff as the episode of care progresses.
- 2.2. At the end of every month the paper version collection sheets for each episode of case are copied into excel spreadsheets using the same template and saved in a folder named the month in question within a folder named as the type of need. E.g. Completed case collection sheets\Medium need\04 2015.
- 2.3. There is MS Excel spreadsheets (known as Collection sheet grabbers) for each need category. These perform the following actions (using a combination of VBA and formulas):
 - a. COUNT the number of workbooks within the specified month folder (chosen in the excel spreadsheet in a pick list) in the given need folder (based on the spreadsheet in use).
 - b. OPEN all workbooks in that folder.
 - c. COPY sheets containing collection sheet data from the saved versions to the grabber.
 - d. Generate SUMPRODUCT formula to add together all cells into newly pasted sheets.
 - e. Generate list of equipment, cushions, accessories and modifications using INDIRECT.
 - f. COUNT total number of assessments and equipment issued.
 - g. EXPORT tables generated in parts d, e & f into a new workbook that is hard coded (i.e. no formulas, no links).
- 2.4. This VBA is executed for each of the grabbers so that (where applicable) there are 8 exported summary files that contain data about each need category.
- 2.5. Another MS Excel spreadsheet (known as the Aggregated Tariff Data Template) then performs the following actions (using a combination of VBA and formulas):

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- a. OPEN all workbooks whose name contains the date chosen (based on a selection from a picklist).
- b. COPY all data from these workbooks into specified sheets in the aggregator template.
- c. MULTIPLY the time in minutes in each sheet with the cost per minute for staff, based on a VLOOKUP to a table in the spreadsheet.
- d. DIVIDE the total cost by the number of assessments, and then add an additional 18% (on-cost), then an additional 50% (central cost) and then an additional 20% (trust overheads).
- e. SUM the cost of equipment, cushions, accessories and modifications and DIVIDE by the number of equipment issues, to give the average cost for equipment.

2.6. The figures generated in parts 5.d. and 5.e. for each need category are those that are entered in the NHS tariff Unit Cost to provider sections.

Author: G Skerry, MI Analyst, Whizz-Kidz.

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Appendix Three: Monthly Activity Template

Categorisation and Activity Bundling			Adult			Children		
Activity Code	Unit	Currency	Activity (unit) cost	Volume	Total Cost	Activity (unit) cost	Volume	Total Cost
	Per Episode of Care	Low Need - Assessment						
		Medium Need - Assessment						
		High Need - Manual - Assessment						
		High Need - Powered - Assessment						
	Per Chair Issued	Low Need - Equipment						
		Medium Need - Equipment						
		High Need - Manual - Equipment						
		High Need - Powered - Equipment						
	Per Registered User Per Year	All Needs - Manual - Repair and Maintenance						
		All Needs - Powered - Repair and Maintenance						
	Per Review	All Needs - Review						
	Per Item	All Needs - Review substantial						
	Per Review	Specialised Complex Wheelchair Services						
	Per Item	Equipment, Specialist Modification Without Supply						

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